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ABSTRACT

Presented is an evaluation of a pre-placement program designed to improve the performance of 15 multi-handicapped blind children (4-10 years old) in activities of daily living, and to involve the parents in the children's education. Among findings reported are that all but one of the Ss improved in activities of daily living as measured by the rating scale. It is recommended that the program be continued and that staff suggestions be incorporated into future programming. Test results are presented in tabular form. (IM)

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EVALUATION REPORT

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PRE-PLACEMENT PROGRAM FOR SEVERELY MULTI-HANDICAPPED BLIND CHILDREN

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1974-1975 SCHOOL YEAR

Dr. Toby Silverman-Dresner

An evaluation of a New York City school district educational project funded under Title VI of the Elementary and Secondary Education Act of 1965 (PL 89-10) performed for the Board of Education of the City of New York for the 1974-1975 school year.

EC093200

Dr. Anthony J. Polemeni, Director

BOARD OF EDUCATION OF THE CITY OF NEW YORK
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CHAPTER I THE PROGRAM

Fifteen multi-handicapped blind children, ages four through ten, participated in the pre-placement program for severely multi-handicapped blind children, which was housed in the Industrial Home for the Blind in Brooklyn, New York. The children were referred by the Industrial Home for the Blind, the Board of Education's Bureau for Education of the Visually Handicapped, Roosevelt and Bellevue Hospitals, and other community agencies.

One of the major objectives of the program was to improve the childrens' performance in activities of daily living. Each child attended the center daily from September, 1974 through June of 1975 from 9:00 A.M. to 2:00 P.M. Instruction was given by the regular and special activity personnel (physiotherapist, speech therapist) in the areas of self-help and pre-academic skills, self and social awareness, and gestural and verbal language. Teaching, in both individual and group instances, centered on gross motor activities, small muscle activities use of residual vision, auditory training and self-help activities. Paraprofessionals were assigned to each of the teachers to assist them in the training of specific skill areas.

A second goal of the program was to include the parents in the child's education. Parents observed the program periodically and were encouraged to visit and call. The social worker served as liaison between school and home, as well as interpreter between Spanish-speaking parents and staff.

CHAPTER II EVALUATIVE PROCEDURES

Evaluation Objective #1: To determine if pupil performance improves across all items in the areas of communication skills, vision training, psycho-motor and perceptual training, social development, ambulation, self-dependence, self-awareness and awareness of others as measured by the pre-post administration of a locally developed rating scale.

Each of the fifteen children in the program was rated in September of 1974 by his teacher on the eight components parts of the locally developed rating scale (see appendix). A 1-5 rating from (1) non-functioning to (5) ability to function on age level was given in the areas of: self-help skills, pre-academic skills, self-awareness, social awareness, ambulation self-feeding skills, gestural language, and verbal language. In June of 1975, the children were re-rated by their teachers to determine if they had improved in these areas. A sixteenth child was admitted in the middle of the year, precluding his participation in the pre-test data. The pre- and post-ratings were compared to determine whether progress had been achieved in the eight component areas of the scale as indicated by a gain of one scale point in any given area.

Evaluation Objection #2: To involve parents through observation and consultation in the educational and emotional needs of the children and the rehabilitation methods employed so that there is a continuation and reinforcement of structured training at home.

The school records were reviewed by the evaluator, and the social worker and staff were questioned to ascertain the frequency and quality of parental participation. The evaluator interviewed eight parents at the Center's Annual Christmas Party

and an additional two parents during field visits to the center. The evaluator's unstructured interview concerned itself with the extent of parent-staff communication, the actual visitation behavior of the parents, the extent to which they were aided by the staff, the carry-over to home management of the child and the parents' general level of satisfaction with the program. A descriptive summary of their statements is provided.

CHAPTER III FINDINGS

Evaluation Objective #1

All, but one of the children registered gains of at least one scale point in some of the eight component parts of the scale. Table 1 shows the changes in performance ratings from pre- to post-testing in each of the component areas.

Table 1: Comparison of Pre- and Post-Test Performance Ratings. (N=15)

Component Areas	Performance					
	Improved		No Change		Regressed	
	N	%	N	%	N	%
self-help skills	7	47	8	53	0	0
pre-academic skills	9	60	6	40	0	0
self awareness	6	40	9	60	0	0
social awareness	9	60	6	40	0	0
ambulation	2	13	11	73	2	13
self-feeding skills	2	13	12	80	1	7
gestural language	5	33	10	67	0	0
verbal language	7	47	8	53	0	0

As depicted in Table 1, in the area of self-help skills, 7 children improved (47%); in pre-academic skills, 9 improved (60%); in self awareness, 6 improved (40%); in social awareness, 9 improved (60%); in ambulation 2 improved (13%); in self-feeding skills, 2 improved (13%); in gestural language, 5 improved (33%); in verbal language, 7 improved (47%).

Similarly, all but one of the children registered gains in at least two of the eight component areas of the scale. The number of component areas in which each child improved is shown in Table 2.

Table 2: Number of Component Areas Registering Change For Each Child. (N=8)

	Number of Areas Showing:					
	Improvement		No Change		Regression	
Child	N	%	N	%	N	%
1	4	50	3	38	1	12
2	2	25	6	75	0	0
3	3	38	5	62	0	0
4	2	25	6	75	0	0
5	5	62	3	38	0	0
6	2	25	6	75	0	0
7	4	50	4	50	0	0
8	0	0	8	100	0	0
9	2	25	6	75	0	0
10	4	50	4	50	0	0
11	3	38	4	50	1	12
12	2	25	6	75	0	0
13	2	25	6	75	0	0
14	5	62	2	25	1	12
15	7	88	0	12	0	0

Since norms are not available on the extent to which multi-handicapped blind children can be expected to show gains in any area, the findings must be taken as an indication that evaluation objective #1 was achieved and the program does improve the childrens' performance in activities of daily living. Further, the program as implemented, coincides with the program description.

Evaluation Objective #2.

As reported by the social worker and staff, all of the parents participated in the program via both actual visitations and phone and letter contact.

The parent interview revealed that the actual visitation behavior varied from every week for two of the parents to twice a year for another parent, with the other parents' visitations falling between these reported frequencies. All of the parents observed their children in teaching situations and all had consulted personally with the staff and social worker. All of the parents felt that there was a carryover into the home from their observations and consultations and all were generally satisfied with the program. Evaluation Objective #2, that of involving the parents in their childrens' education was achieved.

Since, in the last analysis, it is the staff that contributed to the program's success, the evaluator interviewed the individual members for their recommendations for increasing the program's effectiveness. The program itself, while undoubtedly serving the needs of this unique population, might be more effectively run by incorporating the suggestions of the staff members.

In the prior evaluation report (1973-74), two specific recommendations were made by the evaluator, 1) the provision of a tiled ceiling in the facility to provide for better acoustics and 2) recycling the program. Both of these recommendations were implemented.

The staff recommendations should likewise be incorporated into the future program:

1) Medical personnel should be present at the facility, at least on a consultative basis to diagnose and treat those medical conditions which are impeding the child's progress, this would have the secondary benefit of a child not having to lose important instructional time travelling to a distant medical facility; dental care should likewise be offered.

2) There should be a follow-up procedure on children leaving the program so that the staff would have some feedback on what aspects of the program have contributed to the childrens' success/failure in subsequent programs, and to more realistically plan the current goals of the program.

3) To maximize the speech program, better sound treatment should be provided in the speech room including sound damping of the air vent, carpeting, and acoustic treatment of the walls and door.

4) To cut down on the noise and other distractions, the physiotherapist's area should be equipped with a therapy chair, a standing board to be used for children who are not able to stand independently, a doctors table for physical therapy exercises and should also have floor to ceiling walls.

5) The large classroom should be partitioned to separate the

two classes which now occupy the same space.

6) A porto-pak video apparatus should be provided and used as a means of assessing pupil performance, to enable the staff to assess their own teaching skills and to enhance parent involvement via viewing of the child's actual in-school performance.

7) Student teachers should be included in the program, on a regular basis to better prepare future professionals in this area and as additional teaching aides.

CHAPTER IV SUMMARY OF MAJOR FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

All but one of the fifteen children improved in activities of daily living as measured by the rating scale. Similarly, all but one, registered gains in at least two components of the scale. The program is therefore meeting its goal of improving the childrens' performance in these areas. Parents are actively involved in the program and are being offered a valuable service.

It is recommended that the program be continued since it is providing a unique opportunity for assisting multi-handicapped blind children and their families. In subsequent years, it is recommended that staff suggestions be incorporated into future programming.

Measures of growth other than Standardized Tests

30D. This question is designed to describe the attainment of approved objectives not normally associated with measurement by norm referenced standardized achievement tests. Such objectives usually deal with behavior that is indirectly observed, especially in the affective domain. For example, a reduction in truancy, a positive change in attitude toward learning, a reduction in disruptive behavior, an improved attitude toward self (as indicated by repeated interviews), etc., are frequently held to be prerequisite to the shift toward increased academic achievement by disadvantaged learners. Where your approved measurement devices do not lend themselves to reporting on tables 30A, B or C, use any combination of items and report on separate pages. Attach additional pages if necessary.

Component Code	Activity Code	Objective Code	
6 9 9 6 1	7 2 4	8 1 2	52

Brief Description pre-placement program for severely multi-handicapped children provided instruction in activities of daily living and actively involved the parents in the education process.

Number of cases observed: 15 Number of cases in treatment: 16

Pretreatment index of behavior (Specify scale used): The children were given ratings from 1 (non-functioning) to 5 (ability to function on age level on a scale containing 8 components: self-help skills, pre-academic skills, self awareness, social awareness, ambulation, self-feeding skills, gestural language and verbal language.

Criterion of success: An increase of one rating scale point on the 8 component parts of the scale served as the criterion of success.

Was objective fully met? Yes [X] No [ ] If yes, by what criteria do you know? All but one child registered gains of one scale point on at least two and as many as seven of the component parts of

OFFICE OF EDUCATIONAL EVALUATION - DATA LOSS FORM

(attach to MIR, item #30) Function # 09-56603

Function No. 09-56603

- 11 -

In this table enter all Data Loss information. Between MIR, item #30 and this form, all participants in each activity must be accounted for. The component and activity codes used in completion of item #30 should be used here so that the two tables match. See definitions below table for further instructions.

Component Code	Activity Code	(1) Group I.D.	(2) Test Used	(3) Total N	(4) Number Tested/ Analyzed	(5) Participants Not Tested/ Analyzed		(6) Reasons why students were not tested, or if tested, were not analyzed	
						N	%		Number/ Reason
6 9 B L I	7 2 4	pre placement	local scale 1973	16	15 15	1	6	student entered in midyear	1 late entry

(1) Identify the participants by specific grade level (e.g., grade 3, grade 9). Where several grades are combined, enter the last two digits of the component code.
(2) Identify the test used and year of publication (MAT-70, SDAT-74, etc.).
(3) Number of participants in the activity.
(4) Number of participants included in the pre and posttest calculations found on item #30.
(5) Number and percent of participants not tested and/or not analyzed on item #30.
(6) Specify all reasons why students were not tested and/or analyzed. For each reason specified, provide a separate number count. If any further documentation is available, please attach to this form. If further space is needed to specify and explain data loss, attach additional pages to this form.

ld's	Self Help Skills			Pre-Academic Skills			Self-Awareness			Social Awareness			Ambulation			Self Feeding Skills		Gestural Language		Verbal Language	
	PRE	POST		PRE	POST		PRE	POST		PRE	POST		PRE	POST		PRE	POST	PRE	POST	PRE	POS

/Date: _____ SCALE FOR EVALUATION OF CHILDREN AT THE PRE-PLACEMENT PROGRAM Post/Date _____

The designated numbers will represent the following:

Non-functioning (2) Mininum ability to function (3) Moderate ability to function

(4) Advanced ability to function (5) ability to function on age level